UNITED STATES DISTRICT COURT for the

| | District of | |
|--|--------------------------------------|---|
| | Division | |
| Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V- |) Case No.))))))))))))) | (to be filled in by the Clerk's Office) |
| Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) |))) | |

COMPLAINT AND REQUEST FOR INJUNCTION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| Name | |
|--------------------|--|
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address | |

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

| Defendant No. 1 |
|---------------------------|
| Name |
| Job or Title (if known) |
| Street Address |
| City and County |
| State and Zip Code |
| Telephone Number |
| E-mail Address (if known) |
| |
| Defendant No. 2 |
| Name |
| Job or Title (if known) |
| Street Address |
| City and County |
| State and Zip Code |
| Telephone Number |
| E-mail Address (if known) |
| Defendant No. 3 |
| Name |
| Job or Title (if known) |
| Street Address |
| City and County |
| State and Zip Code |
| Telephone Number |
| E-mail Address (if known) |
| 2 man radicus (y www.) |
| Defendant No. 4 |
| Name |
| Job or Title (if known) |
| Street Address |
| City and County |
| State and Zip Code |
| Telephone Number |
| E-mail Address (if known) |

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

| What | t is the b | asis for | ederal court jurisdiction? (charge) | eck all that apply) | | |
|--------------------|---|-----------|--|------------------------------------|--------------------------------|--|
| ☐ Federal question | | | tion 🗖 I | ☐ Diversity of citizenship | | |
| Fill o | out the pa | aragraph | s in this section that apply to | this case. | | |
| A. | If the | e Basis f | or Jurisdiction Is a Federal | Question | | |
| | | | fic federal statutes, federal tre this case. | aties, and/or provisions of the Ur | nited States Constitution that | |
| В. | If the Basis for Jurisdiction Is Diversity of Citizenship | | | | | |
| | 1. | The l | Plaintiff(s) | | | |
| | | a. | If the plaintiff is an individ | lual | | |
| | | | The plaintiff, (name) | | , is a citizen of the | |
| | | | | | | |
| | | b. | If the plaintiff is a corporation | tion | | |
| | | | The plaintiff, (name) | | , is incorporated | |
| | | | under the laws of the State | of (name) | | |
| | | | and has its principal place | of business in the State of (name) | | |
| | (If more than one plaintiff is named in the complaint, attach an additional page providi same information for each additional plaintiff.) | | | | | |
| | 2. | The 1 | Defendant(s) | | | |
| | | a. | If the defendant is an indiv | ridual | | |
| | | | The defendant, (name) | | , is a citizen of | |
| | | | the State of (name) | | . Or is a citizen of | |
| | | | (foreign nation) | | | |

| | | 1 | b. If t | he defendant is a corporation | | | |
|------|--|------------|---|---|--|--|--|
| | | | Th | e defendant, (name) | , is incorporated under | | |
| | | | the | laws of the State of (name) | , and has its | | |
| | | | pri | ncipal place of business in the State of | (name) | | |
| | | | Or | is incorporated under the laws of (foreign | gn nation), | | |
| | | | and | has its principal place of business in (| name) | | |
| | | | (If more than one defendant is named in the complaint, attach an additional page provid same information for each additional defendant.) The Amount in Controversy | | | | |
| | | 3. | | | | | |
| | | | | t in controversy—the amount the plaintiere than \$75,000, not counting interest | ff claims the defendant owes or the amount at and costs of court, because (explain): | | |
| III. | State | ment of Cl | aim | | | | |
| | Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as post facts showing that each plaintiff is entitled to the injunction or other relief sought. State how each d was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rigincluding the dates and places of that involvement or conduct. If more than one claim is asserted, nu claim and write a short and plain statement of each claim in a separate paragraph. Attach additional needed. | | | | | | |
| | A. Where did the events giving rise to your claim(s) occur? | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | В. | What da | te and appr | oximate time did the events giving rise | to your claim(s) occur? | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| C. | What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) |
|-----------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

IV. Irreparable Injury

Explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

VI. Certification and Closing

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case–related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Date of signing: | |
|--|---------------|
| Signature of Plaintiff Printed Name of Plaintiff | Bera L Rowell |
| For Attorneys | |
| Date of signing: | |
| Signature of Attorney | |
| Printed Name of Attorney | |
| Bar Number | |
| Name of Law Firm | |
| Street Address | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address | |

Date: _____

| AO 440 (Rev. 00/12) Summons in a Civil Action | |
|--|--|
| United State | ES DISTRICT COURT |
| Γ | District of |
| |))) |
| Plaintiff(s) V. |)) Civil Action No.)) |
| Defendant(s) |) |
| SUMMONS I | IN A CIVIL ACTION |
| To: (Defendant's name and address) | |
| are the United States or a United States agency, or an of P. 12 (a)(2) or (3) — you must serve on the plaintiff an a | n you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of otion must be served on the plaintiff or plaintiff's attorney, |
| If you fail to respond, judgment by default will You also must file your answer or motion with the court | be entered against you for the relief demanded in the complaint. |
| | CLERK OF COURT |

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| | This summons for (na | me of individual and title, if an | ny) | | | |
|---------|---|-----------------------------------|--|------------|--|--|
| was rec | ceived by me on (date) | | · | | | |
| | ☐ I personally served | I the summons on the ind | ividual at (place) | | | |
| | | | on (date) | ; or | | |
| | ☐ I left the summons | at the individual's reside | ence or usual place of abode with (name) | | | |
| | | , | a person of suitable age and discretion who resi | des there, | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | | |
| | ☐ I served the summ | ons on (name of individual) | | , who is | | |
| | designated by law to | accept service of process | on behalf of (name of organization) | | | |
| | | | on (date) | ; or | | |
| | ☐ I returned the sum | mons unexecuted because | e | ; or | | |
| | ☐ Other (specify): | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | | | |
| | I declare under penalty of perjury that this information is true. | | | | | |
| Date: | | | | | | |
| | | _ | Server's signature | | | |
| | | _ | Printed name and title | | | |
| | | _ | Server's address | | | |

Additional information regarding attempted service, etc: